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**BEFORE THE BOARD OF PATENT APPEALS
AND INTERFERENCES**

MAILED

APR 10 2007

Application Number: 09/681,471
Filing Date: April 13, 2001
Appellant(s): SILVA-CRAIG ET AL.

Technology Center 2100

Christopher R. Carroll, Reg. No. 52,700
For Appellant

EXAMINER'S ANSWER

This is in response to the appeal brief filed 12/17/2007 appealing from the Office action mailed 06/13/2006.

(1) Real Party in Interest

A statement identifying by name the real party in interest is contained in the brief.

(2) Related Appeals and Interferences

The examiner is not aware of any related appeals, interferences, or judicial proceedings which will directly affect or be directly affected by or have a bearing on the Board's decision in the pending appeal.

(3) Status of Claims

This appeal involves claims 1-8, 11-20, 23-36 and 53-54.

Claims 9-10, 21-22 and 37-52 been canceled.

(4) Status of Amendments After Final

The amendment after final rejection filed on 09/31/2006 has been entered.

(5) Summary of Claimed Subject Matter

The summary of claimed subject matter contained in the brief is correct.

(6) Grounds of Rejection to be Reviewed on Appeal

The appellant's statement of the grounds of rejection to be reviewed on appeal is correct.

(7) Claims Appendix

The copy of the appealed claims contained in the Appendix to the brief is correct.

(8) Evidence Relied Upon

(1) Office Action dated and entered into the record by the Examiner on Dec. 14, 2005.

Art Unit: 2162

(2) Final Office dated and entered into the record by the examiner on June 13, 2006.

(3) Advisory Action dated and entered into record by the Examiner on August 24, 2006.

(4) Advisory Action dated and entered in to the record by the Examiner on September 19, 2006.

(5) Final Office Action dated and entered into the record by the examiner on September 22, 2004.

6,678,703	Rothschild	1-2004
6,081,809	Kumagai	6-2000
6,038,564	Sameshima	3-2000
2002-0083192	Alisuag	6-2002
5,902,981	Dethloff	5-1999
6,678,764	Parvulescu	1-2004
6,338,433	Drexler	1-2002

(9) Grounds of Rejection

The following ground(s) of rejection are applicable to the appealed claims:

Claim Rejections - 35 USC § 103

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the

Art Unit: 2162

subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

4. Claims 1-2, 5 and 7-8 are rejected under 35 U.S.C. 103(a) as being unpatentable over Rothschild et al. (US. Patent No. 6,678,703 B2) in view of Kumagai et al. (US. Patent No. 6,081,809) and further in view of Sameshima et al. (US. Patent No. 6,038,564).

Regarding on claims 1, Rothschild teaches a central medical data archiving system, said system comprising:

A medical data source providing medical data, where said medical data comprises at least one of a medical image, a medical patient report, and a medical application (a medical imaging system 10) (col. 18, lines 29-31); and

A centralized remote medical data store receiving said medical data and storing said medical data, wherein said centralized remote medical data store comprises an application service provider (ASP delivery the medical image from the medical image system 10 to the central servers (30' and 30'') (col. 28, lines 32-67).

Rothschild does not explicitly teaches status monitor for controlling the transfer of said medical data from said data source to a centralized remote data store, where said status monitor monitors operations occurring at said data source and triggers an archive request after said medical data is obtain by said data source, said data source transmitting said medical data to said centralized remote data store when said archive request is triggered. However, Rothschild teaches "the medical image centers track the

Art Unit: 2162

entire process of image workstation (20) merely by reference to the local image workstation (20) located in their respective clinic or hospital" (col. 29, lines 12-16) and "local image workstation (20) archives the data locally, and then "pushes" (as explained in detail below) the electronic record to central data management system (30) at a remote location, as described in detail below" (col. 18, lines 53-56). On the other hand, Kumagai discloses most medical data is collected at irregular intervals from different human or machines sources, and is stored as a record in databases in the server computer. Some data regularly comes from various kinds of monitoring machines and directly enters to the process unit and memory of the file server 11...) (col. 14, lines 63-67 and col. 15, lines 1-2). The modification is required because the monitor will control of the transferring process. Further more, Sameshima discloses "a data integration management table 233 defines reference sources of respective data to be integrated and the names of the data, and also defines an output option, etc. when the integrate data are delivered to the application program for detecting events such as an event based on a periodic timer in the self processing device...A status control table 234 sets conditions to start/end the collection of the data set in the event linking data table 232 and the integration of the data set in the data integration management table 233..." (col. 5, lines 18-51). This suggests the status monitor monitors the collection of data and triggers a transmission of collected data to the processing device. Therefore, it would have been obvious to one ordinary skill in the art at the time of the invention was made at the time of the invention was made to modify Rothschild and Kumagai system

Art Unit: 2162

to include triggering the transfer of the collected data from the monitoring unit as taught by Sameshima in order to store the medical data at the central system for easy access.

Regarding on claim 2, Rothschild teaches status monitor verifies said transfer of said medical data from said data source to said remote data store (col. 29, lines 16-29).

Regarding on claim 5, Rothschild teaches said data source further stores medical data (the local workstation stored medical image data) (col. 28, lines 41-48).

Regarding on claim 7, Rothschild teaches the remote data store stores a copy of said medical data (the central storage system (130) stores all electronic record (5) at two central back-up sites one at 30' and 30") (col. 28, lines 41-51).

Regarding on claim 8, Rothschild teaches a second data source for storing medical data, wherein said remote data store transfers said medical data to said second data source (the central data management system (30) actively "push" the electronic record (5) and associated images (6) to the remote image viewing system (40) of the radiologists and referring doctors as soon as the images are available) (col. 22, lines 24-28).

5. Claims 3-4 are rejected under 35 U.S.C. 103(a) as being unpatentable over Rothschild et al. (US. Patent No. 6,678,703 B2) in view of Kumagai et al. (US. Patent No. 6,081,809) and Sameshima et al. (US. Patent No. 6,038,564) and further in view of Alisuag (Pub. No. 2002/0083192 A1).

Regarding on claim 3, Rothschild and Kumagai and Sameshima do not explicitly teach an access authenticator for authenticating access to said remote data store by said data source. However, Rothschild discloses (login) (col. 22, line 29). On the other hand, Alisuag discloses authenticating access to said remote data store (paragraph 0045). Therefore, it would have been obvious to one ordinary skill in the art at the time of the invention was made to modify Rothschild and Kumagai and Sameshima system to include authenticating access medical data server as taught by Alisuag in order to grant access to restricted medical file only to authorized person or application.

Regarding on claim 4, Rothschild and Kumagai and Sameshima do not explicitly teach access authenticator authenticates access to said data source. However, Rothschild discloses (login) (col. 22, line 29). On the other hand, Alisuag discloses authenticating access to said remote data store (paragraph 0045). The authenticator is able to use to authenticate to the data source. Therefore, it would have been obvious to one ordinary skill in the art at the time of the invention was made to modify Rothschild and Kumagai system to include authenticating access medical data server or data source as taught by Alisuag in order to grant access to restricted medical file only to authorized person or application.

6. Claim 6 is rejected under 35 U.S.C. 103(a) as being unpatentable over Rothschild et al. (US. Patent No. 6,678,703 B2) in view of Kumagai et al. (US. Patent No. 6,081,809) and Sameshima et al. (US. Patent No. 6,038,564) and further in view of Dethloff (US. Patent No. 5,902,981).

Regarding on claim 6, Rothschild and Kumagai and Sameshima do not explicitly teach wherein said remote data store further restores said medical data to said data store. However, Dethloff discloses wherein said remote data store further restores said medical data to said data store (col. 1, lines 44-51). This teaches the restore is done in the event of failures. Therefore, it would have been obvious to one ordinary skill in the art at the time of the invention was made to modify Rothschild and Kumagai system to include the restoring the medical data in the event of lost as taught in Dethloff in order to restore the original files back to the system.

7. Claims 11-14 are rejected under 35 U.S.C. 103(a) as being unpatentable over Rothschild et al. (US. Patent No. 6,678,703 B2) in view of Kumagai et al. (US. Patent No. 6,081,809) and Sameshima et al. (US. Patent No. 6,038,564) further in view of Parvulescu et al. (US. Patent No. 6,678,764 B2).

Regarding on claims 11-14, Rothschild and Kumagai and Sameshima do not explicitly teach wherein said status monitor controls the transfer of data from said data store to said remote data store at a definable interval wherein said definable interval comprises a timed interval, event-based interval, or a manual interval. However, Rothschild teaches the automatically pushes the medical image to the central data management system (30) at a remote location (col. 18, lines 53-56) and once the electronic record (5) is received at central data management system (30), it is stored at the remote location and automatically routed, via "push" delivery to one or more remote image viewing system (col. 8, lines 63-67). This is the event based transferring. On the

Art Unit: 2162

other hand, Parvulescu discloses "the picture are stored on the image archiving device 100' local hard disc drive 18 in a "session" format, one patient name being attached to a session. The session by be kept on local storage for any suitable period of time (e.g., 4 or 72 hours selectable) or until a user chooses to manually erase them. At convenient times (e.g., nightly or art periodic interval (e.g., every 72 hours erased and the disc storage freed for subsequently operations (e.g., the following morning). Preferably, the pictures will have been backed up onto a system server or other persistence storage to freeing the local storage" (col. 4, lines 61-67 to col. 5, lines 1-4). By erasing the medical data in the local drive manually and timed interval the system would have to back up these data based on these. Therefore, it would have been obvious to one ordinary skill in the art at the time of the invention was made to modify Rothschild and Kumagai and Sameshima system to include backing up data at timed interval and manually as taught by Parvulescu in order to allow the medical data to be backup for future restoration processes.

8. Claims 15-18 and 20 are rejected under 35 U.S.C. 103(a) as being unpatentable over Rothschild et al. (US. Patent No. 6,678,703 B2) in view of Drexler (US. Patent No. 6,338,433 B1).

Regarding on claim 15, Rothschild teaches a system for remotely accessing a centralized data store, said system comprising:

A centralized remote data store storing medical data indexed according to data source, wherein said medical data comprises at least one of a medical image, a medical

Art Unit: 2162

report, and a medical application, wherein said centralized remote data store comprises an application service provider (the central data management system stores the information from the automated forms of entry to the record via the respective local image workstation (20)) (col. 22, lines 25-67);

Rothschild does not explicitly teach a status monitor for controlling the transfer of said medical data from said centralized remote data store to a data source, wherein said status monitor automatically detects an error in said medical source by detecting at least one of data loss, data corruption, and failure of said system via a front-end connection between said data source and said status monitor, said status monitor instructing said centralized remote data store to transmit data to said stat source in order to restore said medical data, wherein said data source receiving said medical data and storing said medical data. However, Drexler teaches a status monitor for controlling the transfer of said medical data from said centralized remote data store to a data source, wherein said status monitor automatically detects an error in said medical source by detecting at least one of data loss, data corruption, and failure of said system via a front-end connection between said data source and said status monitor, said status monitor instructing said centralized remote data store to transmit data to said stat source in order to restore said medical data, wherein said data source receiving said medical data and storing said medical data (col. 6, lines 4-16). As soon as the data lost in the medium restoration is triggered and restore the data with the backup. Therefore, it would have been obvious to one ordinary skill in the art at the time of the invention was made to modify Rothschild's system to include event triggering for restoration

Art Unit: 2162

process soon as the data stored on the card is lost as taught by Drexler in order to restore any lost data from the processing system.

Regarding on claim 16, Rothschild teaches a second data source storing medical data (a remote user) (col. 22, lines 35-40).

Regarding on claim 17, Rothschild teaches the status monitor controls the transfer of said copy of said medical data between said remote data store and said second data source (location identified) (col. 22, lines 35-40).

Regarding on claim 18, Rothschild teaches the status monitor verifies the transfer of said copy of said medical data between said remote data store and said second data source (it also assures prompt delivery of a report from the remote user and back through the ASP system to other location identified) (col. 22, lines 38-40).

Regarding on claim 20, Rothschild teaches the status monitor verifies said transfer of said medical data between data source and said remote data store (it also assures prompt delivery of a report from the remote user and back through the ASP system to other location identified) (col. 22, lines 38-40).

9. Claim 19 is rejected under 35 U.S.C. 103(a) as being unpatentable over Rothschild et al. (US. Patent No. 6,678,703 B2) in view of view of Drexler (US. Patent No. 6,338,433 B1) and further in view of Alisuag (Pub. No. 2002/0083192 A1).

Regarding on claim 19, Rothschild and Drexler do not explicitly teach an access authenticator for authenticating access to said remote data store. However, Rothschild discloses (login) (col. 22, line 29). On the other hand, Alisuag discloses authenticating

Art Unit: 2162

access to said remote data store (paragraph 0045). Therefore, it would have been obvious to one ordinary skill in the art at the time of the invention was made to modify Rothschild and Drexler system to include authenticating access medical data server as taught by Alisuag in order to grant access to restricted medical file only to authorized person or application.

10. Claim 23 is rejected under 35 U.S.C. 103(a) as being unpatentable over Rothschild et al. (US. Patent No. 6,678,703 B2) in view of view of Drexler (US. Patent No. 6,338,433 B1) and further in view of Dethloff (US. Patent No. 5,902,981)

Regarding on claim 23, Rothschild and Drexler do not explicitly teach the remote data store restores said medical data at said data source. However, Dethloff discloses wherein said remote data store further restores said medical data to said data store (col. 1, lines 44-51). This teaches the restore is done in the event of failures. Therefore, it would have been obvious to one ordinary skill in the art at the time of the invention was made to modify Rothschild and Drexler system to include the restoring the medical data in the event of lost as taught in Dethloff in order to restore the original files back to the system.

11. Claim 24 is rejected under 35 U.S.C. 103(a) as being unpatentable over Rothschild et al. (US. Patent No. 6,678,703 B2) in view of view of Drexler (US. Patent No. 6,338,433 B1) and further in view Parvulescu et al. (US. Patent No. 6,678,764 B2).

Regarding on claim 24, Rothschild and Drexler not explicitly teach the remote data store comprises at least one directory corresponding to say data source. However, Parvulescu teaches "so, if Doctor Gooden is performing the procedures on patient John Doe, then the captured images are stored in a folder called "Gooden", with each file in the folder incorporating a standard syntax including patient's name, image number, hospital/practice name, time & date, and procedure information as described above" (col. 9, lines 23-28). This teaches the captured images of the treated patient are organized in the memory as the folder or directory. Therefore, it would have been obvious to one ordinary skill in the art at the time of the invention was made to modify the Rothschild and Drexler system to include the captured images data to store in the folder or directory in order to easily retrieve the file the in the organized database.

12. Claims 25-29, 31-34 and 53-54 are rejected under 35 U.S.C. 103(a) as being unpatentable over Rothschild et al. (US. Patent No. 6,678,703 B2) and in view of Sameshima et al. (US. Patent No. 6,038,564) and further in view of Parvulescu et al. (US. Patent No. 6,678,764 B2).

Regarding on claim 25, Rothschild teaches a method for remotely archive data said method comprising:

Detecting an operation involving medical data executed at a medical data source, said data operation including said medical data at said medical data source (soon as the record input to a local image work station and archiving locally, the database

Art Unit: 2162

management automatically pushes the electronic records and associated images to the remote image viewing system) (col. 22, lines 24-67); and

storing the medical data at said centralized remote data store (once the electronic record (5) is received at central data management system (30), it is stored at the remote location and automatically routed., via "push" delivery...) (col. 18, lines 63-67), wherein said trigger is produced by status monitor after said operation occurs, wherein said medical data comprises at least one of a medical image, a medical report, and a medical application (a medical imaging system 10) (col. 18, lines 29-31).

Rothschild does not explicitly teach transferring said medical data from said medical data source to a centralized remote data store based on a trigger, wherein said trigger produced by a status monitor after said operation occurs, and indexing said medical data according to said data source. Sameshima discloses "a data integration management table 233 defines reference sources of respective data to be integrated and the names of the data, and also defines an output option, etc. when the integrate data are delivered to the application program for detecting events such as an event based on a periodic timer in the self processing device...A status control table 234 sets conditions to start/end the collection of the data set in the event linking data table 232 and the integration of the data set in the data integration management table 233..." (col. 5, lines 18-51). This suggests the status monitor monitors the collection of data and triggers a transmission of collected data from the data source to the processing device. The modification is required to perform the transfer process. Furthermore, Părvulescu teaches, "in accordance with a preferred embodiment, the stored images

Art Unit: 2162

are indexes via a predictable syntax..." (col. 4, lines 51-60) and "preferably, the pictures will have been backed up onto a system server or other persistent storage prior to freeing to the local storage" (col. 5, lines 2-4). The medical images are indexed in backup data storage, as they are indexed local terminal. Therefore, it would have been obvious to one ordinary skill in the art at the time of the invention was made to modify Rothschild and Sameshima system to include indexing the medical images after the medical image being capture and transfer form the source taught in Parvelescu in order to centralize the data in the server for backup protection and accessing purposes.

Regarding on claim 26, Rothschild teaches the step of obtaining said medical data (col. 22, lines 66-67).

Regarding on claim 27, Rothschild teaches the step of storing said medical data at said data source (stored at the workstation) (col. 18, lines 46-48).

Regarding on claim 28, Rothschild and Sameshima do not explicitly teach storing step further comprises storing said medical data at said remote in a directory corresponding to said data source. However, Parvulescu teaches "so, if Doctor Gooden is performing the procedures on patient John Doe, then the captured images are stored in a folder called "Gooden", with each file in the folder incorporating a standard syntax including patient's name, image number, hospital/practice name, time & date, and procedure information as described above" (col. 9, lines 23-28). This teaches the captured images of the treated patient are organized in the memory as the folder or directory. Therefore, it would have been obvious to one ordinary skill in the art at the time of the invention was made to modify the Rothschild and Sameshima system to

Art Unit: 2162

include the captured images data to store in the folder or directory in order to easily retrieve the file the in the organized database.

Regarding on claim 29, Rothschild teaches transferring step further comprises verifying said transfer of medical data from said remote data store to said data source (col. 32, lines 35-39).

Regarding on claims 31-34, Rothschild and Sameshima do not explicitly teaches said transferring step occurs after a definable interval comprises a timed interval, event-based interval, and a manual interval. However, Rothschild teaches the automatically pushes the medical image to the central data management system (30) at a remote location (col. 18, lines 53-56) and once the electronic record (5) is received at central data management system (30), it is stored a remote location and automatically routed. via "push" delivery to one or more remote image viewing system (col. 8, lines 63-67). This is the event based transferring. On the other hand, Parvulescu discloses "the picture are stored on the image archiving device 100' local hard disc drive 18 in a "session" format, one patient name being attached to a session. The session by be kept on local storage for any suitable period of time (e.g., 4 or 72 hours selectable) or until a user chooses to manually erase them. At convenient times (e.g., nightly or art periodic interval (e.g., every 72 hours erased and the disc storage freed for subsequently operations (e.g., the following morning). Preferably, the pictures will have been backed up onto a system server or other persistence storage to freeing the local storage" (col. 4, lines 61-67 to col. 5, lines 1-4). By erasing the medical data in the local drive manually and timed interval the system would have to back up these data based

Art Unit: 2162

on these. Therefore, it would have been obvious to one ordinary skill in the art at the time of the invention was made to modify Rothschild and Sameshima system to include backing up data at timed interval and manually as taught by Parvulescu in order to allow the medical data to be backup for future restoration processes.

Regarding on claim 53, Rothschild teaches a dedicated network connection for transferring said medical data between said medical data source and said centralized remote medical data store (col. 19, lines 36-39).

Regarding on claim 54, Rothschild teaches a private network connection for transferring said medical data between said data source and said centralized remote data store (non publish accessed) (col. 19, lines 36-39).

13. Claim 30 is rejected under 35 U.S.C. 103(a) as being unpatentable over Rothschild et al. (US. Patent No. 6,678,703 B2) in view of Sameshima et al. (US. Patent No. 6,038,564) and further in view of Parvulescu et al. (US. Patent No. 6,678,764 B2) and further in view of Alisuag (Pub. No. 2002/0083192 A1)

Regarding on claim 30, Rothschild and Sameshima and Parvulescu not explicitly teach authenticating access to said remote data store. However, Rothschild discloses (login) (col. 22, line 29). On the other hand, Alisuag discloses authenticating access to said remote data store (paragraph 0045). Therefore, it would have been obvious to one ordinary skill in the art at the time of the invention was made to modify Rothschild and Sameshima and Parvulescu system to include authenticating access medical data

Art Unit: 2162

server as taught by Alisuag in order to grant access to restricted medical file only to authorized person or application.

14. Claims 35-36 are rejected under 35 U.S.C. 103(a) as being unpatentable over Rothschild et al. (US. Patent No. 6,678,703 B2) in view of Sameshima et al. (US. Patent No. 6,038,564) and further in view of Parvulescu et al. (US. Patent No. 6,678,764 B2) and further in view of Dethloff (US. Patent No. 5,902,981).

Regarding on claim 35, Rothschild and Sameshima and Parvulescu do not explicitly teach the step of restoring said medical data to said data source from said remote data source. However, Dethloff discloses the step of restoring said medical data to said data source from said remote data source (col. 1, lines 44-51). This teaches the restore is done in the event of failures. Therefore, it would have been obvious to one ordinary skill in the art at the time of the invention was made to modify Rothschild and Sameshima and Parvulescu system to include the restoring the medical data in the event of lost as taught in Dethloff in order to restore the original files back to the system.

Regarding on claim 36, Rothschild and Sameshima and Parvulescu do not explicitly teach the step of copying said medical data from said remote data source to a second data source. However, Dethloff teaches the step of copying said medical data from said remote data source to a second data source (col. 1, lines 44-51). Therefore, it would have been obvious to one ordinary skill in the art at the time of the invention was made to modify Rothschild and Sameshima and Parvulescu system to include the

Art Unit: 2162

restoring by copy the medical data into the medium as taught in Dethloff in order to restore the original files back to the system.

(10) Response to Argument

The rejection of claims 1-2, 5, 7 and 8 under 35 U.S.C 103 (a) being unpatentable over Rothschild, Kumagai and Sameshima is improper.

Applicant has elected to only argue substantive merits of the patentability of independent claim 1 in this group. If claim 1 is found to be patentable, then claims 2, 5 and 7-8 which depend from claim 1, must also patentable.

The applicant argues "the examiner fails to establish what component of the system in Rothschild (1) monitors operations at a data source and (2) triggers an archive request."

The examiner respectfully disagrees with the above argument. Rothschild discloses the image workstation archive the image locally and push the electronic record to central data management system (30) at the remote location (col. 18, lines 51-56). In order to allow the image to be push, inherently, there is a component to monitor the obtained image, then locally archive and then push to the central server. Furthermore, since the feature is not clearly disclosed, the examiner relied on the secondary reference (kumagai) explains the data can be collected at irregular interval from a monitor unit Kumagai (col. 14, lines 63-67 and col. 15, liens 1-2) and further explain by the third reference, (Sameshima) discloses application program to detects event such as event based on a periodic timer in the self processing device...A status control table 234 sets conditions to start/end the collection of the data set in the event

Art Unit: 2162

linking data table 232 and the integration of the data set in the data integration management table 233.." (col. 5, lines 18-51).

The applicant also argues "examiner fails to establish that any component of the system in Rothschild separate from the data source and central data management system both monitors operations occurring at the data source and triggers and an archive request to cause the data to be transmitted to the central data management system, as recited in claim 1. Therefore, Rothschild fails to teach or suggest a status monitor that monitor operations occurring at a data source and triggers an archive request after data is obtained by the data source, as recited in claim 1."

The examiner respectfully disagrees with the above argument. The argument such as "any component of the system in Rothschild separate from the data source and central data management system both monitors operations occurring at the data source and triggers and an archive request to cause the data to be transmitted to the central data management system, as recited in claim 1" is not in the claim. The second argument such as Rothschild fails to teach or suggest a status monitor that monitor operations occurring at a data source and triggers an archive request after data is obtained by the data source, as recited in claim 1" have been addressed above.

Applicant also argues "Kumagai does not remedy the shortcoming of Rothschild described above. Kumagai does not teach or suggest a status monitor that (1) monitors operations occurring at the data source and (2) triggers an archive request after the medical data is obtained by the data source, where the data source transmits the

Art Unit: 2162

medical data to the centralized remote data store when the archive request is triggered by the status monitor, as recited in claim 1."

The examiner respectfully disagrees with the above argument. Kumagai discloses most medical data is collected at irregular intervals from different human or machines sources, and is stored as a record in databases in the server computer. Some data regularly comes from various kinds of monitoring machines and directly enters to the process unit and memory of the file server 11...) (col. 14, lines 63-67 and col. 15, lines 1-2). This suggests Kumagai include a monitoring unit which obtained the data from the source. Furthermore, Sameshima discloses, "a data integration management table 233 defines reference sources of respective data to be integrated and the names of the data, and also defines an output option, etc. when the integrate data are delivered to the application program for detecting events such as an event based on a periodic timer in the self processing device...A status control table 234 sets conditions to start/end the collection of the data set in the event linking data table 232 and the integration of the data set in the data integration management table 233..." (col. 5, lines 18-51).

Applicant argues "Kumagai does not describe a "monitor machine" that acts as a status monitor that (1) monitors operations occurring at a data source and (2) triggers an archive request after medical data is obtained by the data store, as recited in claim 1."

The examiner disagrees with the above argument. As the applicant acknowledges that Kumagai discloses the monitoring machines. In order to for

Art Unit: 2162

Kumagai to extract data from the different source from different time intervals, which indicates the monitoring machines inherently monitor the source (as disclosed in fig. 31). Therefore, the monitoring machine in Kumagai discloses the same functionality as the status monitor in the instance application.

Applicant argues "like Kumagai, Rothschild, Sameshina also does not teach or suggest at least a status monitor (1) monitors operations occurring at the data source and (2) triggers an archive request after the medical data is obtained by the data store, where the data source transmits the medical data to the centralized remote data store when the archive request is triggered by the status monitor, as recited in claim 1."

The examiner respectfully disagrees with the above argument. Like Kumagai, Rothschild, Sameshina discloses the method of transferring the obtained data to the central using an application program for detecting an event based. Kumagai also further discloses a status control table 234 sets conditions to start/end the collection of the data set in the event linking table....) (col. 5, lines 18-51). This application program is the status monitor as applicant claimed.

Applicant also argues "Sameshina cannot teach or suggest a status monitor that monitors operations occurring at a data source (that is different from the status monitor) and triggers an archive request, as recited in claim 1. At most, Sameshima describes a device that monitors occurring within the same device. Accordingly, Sameshima cannot teach or suggest elements of at least claim 1.

The examiner respectfully disagrees with the above argument. The argument such as a status monitor that monitors operations occurring at a data source (that is

Art Unit: 2162

different from the status monitor) and triggers an archive request is not in the claim.

The claim does not eliminate the data source and the monitor is not one system.

Therefore, Sameshima's disclosure discloses the claimed invention.

The applicant argues "a combination of these references also fails to teach or suggest elements of claim 1."

The examiner respectfully disagrees with the above argument. As previously explain Rothschild, Kumagai and Sameshima in the same field of endeavor; therefore, the motivation to combine to allow the system to be able to collect the capture data and forward them to the central system for long terms storage.

Claims 2, 5 and 7-8 depend on claim 1, therefore, claims 2, 5 and 7-8 are allowed under the same reason.

III The rejection of claims 3 and 4 under 35 U.S.C 103 (a) as being unpatentable over Rothschild, Kumagai, Sameshina and Alisuag is improper.

A. Claims 4, None of the references teaches or suggests an access authenticator that authenticates access to a data source.

Applicant argues also does not teach or suggest an access authenticator that authenticates access to a data source, as recited in claim 4. The examiner asserts that paragraph 45 of Alisuag described such authentication, access is only authenticated for a data store, and not a data source."

The examiner respectfully disagrees with the above argument. As discloses Alisuag in paragraph 45 the authentication is required before accessing the data in the servers or storage. Since the applicant does not include the definition of a data source in the claim the examiner equate the data source is the server (paragraph 45). Because the obtained data is the medical data, the authentication is required to protect the data and confidentiality of the user.

Applicant also argues "this embodiment of Rothschild does not or suggest limitations recited by claim 4. First, it is unclear how the "proper authentication" is performed. Rothschild devoid of any teaching or suggestion of how the IP notifier is properly authenticated. The only disclosure of the IP polling system in Rothschild is located at column 15, line 43 through column 17, line 12 at column 32, line 40 through column 33, lines 55. However, nowhere in these sections is any disclosure, teaching or suggestion of an access authenticating access to a remote data store by a data source, as recited in claim 4."

The examiner respectfully disagrees with the above argument. The Rothschild discloses the doctor can pull the stored images from the remote station to a view station, which inherently requires the doctor authentication access from the internet or intranet (col. 33, lines 16-29). The remote server is the data source since the data source is not being defined. Moreover, the authentication process in claim 4 is not defined either, Rothschild inherently discloses an authentication access to the server and furthermore, Alisuag also discloses in detail on how to access the sever using the authentication process (paragraph 45).

Applicant also argues "one would be motivated to combine Rothschild, Kumagai, Sameshima and Alisuag, such a combination also fails to teach or suggest elements of claim 4. as described above, each of Rothschild, Kumagai, Sameshima and Alisuag fails to teach or suggest an access authenticator that authenticates access to a data source, as recited in claim 4."

The examiner respectfully disagrees with the above argument. As Rothschild disclosed an authentication for accessing medial data in the server (col. 33, lines 16-29) and further being discloses by Alisuag in paragraph 0045. Therefore, it is would have been obvious to combine these references in order to protect the medical image data.

B. Claim 1. None of the references teach or suggest the recited status monitor.

Applicant argues, "none Rothschild, Kumagai and Sameshima teaches or suggests the status monitor recited in claim 1. Alisuag also does not teach or suggest at least any such status monitor that (1) monitors operations occurring at a data source and (2) triggers an archive request after medical data is obtained by the data source, where the data source transmits the data to a centralized remote data store when the request is triggered, as recited in claim 1."

The examiner respectfully disagrees with the above argument. As explained in above, the combination of Rothschild, Kumagai and Sameshima discloses claim 1. In addition, Alisuag further disclosed authentication process to access the obtained images from the server. Authentication is a well known concept in the computer.

Art Unit: 2162

Therefore, the combination of Alisuag will guarantee data protection and confidentiality of the patient.

VI The rejection of claim 6 under 35 U.S.C 103 (a) as being unpatentable over Rothschild, Kumagai, Sameshima and Dethloff is improper.

The applicant will only argue the substantive merits of claim 1. Claim 6 is depends on claim 1. Therefore, if claim 1 is deemed patentable, then claim 6 must also be deemed patentable.

Applicant respectfully submits that none of the reference relied upon by the examiner, whether considered alone in combination, teach or suggest a status monitor that monitors operations occurring at a data source and triggers an archive request as recited in claim 1."

The examiner respectfully disagrees with the above argument. As explained above, Rothschild, Kumagai, Sameshima disclosed the claim 1. Further, Dethloff discloses the concept of further restore the medical data (col. 1, lines 44-51). Therefore, the combination of Rothschild, Kumagai, Sameshima and Dethloff will allow the lost data to be restored.

VI The rejection of claims 11-14 under 35 U.S.C 103(a) as being unpatentable over Rothschild, Kumagai, Sameshima and Parvulescu is improper.

Applicant will only argue the substantive merits of claim 1. Therefore, if claim 1 is deemed patentable, then claims 11-14 must also be deemed patentable.

Art Unit: 2162

Applicant argues "applicant respectfully submits that none of the references relied upon by the Examiner, whether considered alone or in combination, teach or suggest a status monitor that monitor operations occurring at a data source and triggers an archive request, recited in claim 1. Therefore, the applicant submits the claims 11-14 are patentable under 35 U.S.C 103(a) in view of Rothschild, Kumagai, Sameshima and Parvulescu."

The examiner respectfully disagrees with the above argument. As previously explain, the combination such as Rothschild, Kumagai, Sameshima disclosed the claim 1. Further, Parvulescu discloses the method of transferring data from the source to data remote data source at a definable interval (col. 4, lines 61-67 to col. 5, liens 1-4). The motivation to combine these references is to allow the obtained data to be backup for the purpose of restoration in the future.

VI. The rejection of claim 15-18 and 20 under 35 U.S.C 103 (a) as being unpatentable over Rothschild and Drexler is improper.

The applicant has elected to only argue the substantive merits of the patentability of independent claim 15 in this group. If claim 15 is found to be patentable, then claim 16-18 and 20, which depended on claim 15, must also be found patentable.

Applicant argues Rothschild fails to teach or suggest a status monitor that (1) automatically detects an error in medical data source by detecting at least one of data loss, data corruption, and a failure of a medical data storage system and (2) instructs a centralized remote data store to transmit data to the data source in order to restore the

Art Unit: 2162

medical data that includes the error, as recited in claim 15 and the motivation to combine the references of Rothschild and Drexler.”

The examiner respectfully disagrees with the above argument. As previously discloses, Rothschild is a system to provide the obtained medical data to store in the remote data storage (col. 8, lines 63-67). Drexler discloses the concept error detection and correction and if the primary critical data is lost, the large data pixels can be used for recovery (col. 6, lines 4-16). Drexler discloses concept of error detection and correction by using data recovery of the medical data. The motivation to combine these references to allow the recovery of medical data from the remote location when the local medical data is corrupted.

IV. The rejection of claim 19 under 35 U.S.C under 103(a) as being unpatentable over Rothschild, Drexler, and Alisuag is improper.

Applicant will only argue the substantive merits of the claim 15. Therefore, claim 15 is deemed patentable, then claim 19 must also be deemed patentable.

The examiner respectfully disagrees with the above argument. As previously explained, the combination of Rothschild and Drexler disclose the subject matter in claim 15. Further, the Alisuag further discloses the authentication for such login to authenticate the access from the user to the remote data store, which also disclosed by Rothschild (col. 33, lines 16-28). Therefore, the motivation to combine these references is to protect the data and keep the confidentiality of the patient.

IV. The rejection of claim 23 under 35 U.S.C 103 (a) as being unpatentable over Rothschild, Drexler, and Dethloff is improper.

Applicant will only argue the substantive merits of the claim 15. Therefore, claim 15 is deemed patentable, then claim 23 must also be deemed patentable.

The examiner respectfully disagrees with the above argument. As previously explained, the combination of Rothschild and Drexler disclose the subject matter in claim 15. Further, the Dethloff wherein said remote data store further restores said medical data to said data store (col. 1, lines 44-51). This teaches the restore is done in the event of failures. Therefore, it would have been obvious to one ordinary skill in the art at the time of the invention was made to modify Rothschild and Drexler system to include the restoring the medical data in the event of lost as taught in Dethloff in order to restore the original files back to the system.

IV. The rejection of claim 24 under 35 U.S.C 103 (a) as being unpatentable over Rothschild, Drexler, and Parvulescu is improper

Applicant will only argue the substantive merits of the claim 15. Therefore, claim 15 is deemed patentable, then claim 24 must also be deemed patentable.

The examiner respectfully disagrees with the above argument. As previously explained, the combination of Rothschild and Drexler disclose the subject matter in claim 15. Further, the Dethloff "so, if Doctor Gooden is performing the procedures on patient John Doe, then the captured images are stored in a folder called "Gooden", with each file in the folder incorporating a standard syntax including patient's name, image

Art Unit: 2162

number, hospital/practice name, time & date, and procedure information as described above" (col. 9, lines 23-28). This teaches the captured images of the treated patient are organized in the memory as the folder or directory. Therefore, it would have been obvious to one ordinary skill in the art at the time of the invention was made to modify the Rothschild and Drexler system to include the captured images data to store in the folder or directory in order to easily retrieve the file the in the organized database.

IV. The rejection of claim 24 under 35 U.S.C 103 (a) as being unpatentable over Rothschild, Drexler, and Parvulescu is improper

Applicant will only argue the substantive merits of the claim 15. Therefore, claim 15 is deemed patentable, then claim 24 must also be deemed patentable.

The examiner respectfully disagrees with the above argument. As previously explained, the combination of Rothschild and Drexler disclose the subject matter in claim 15. Further, the Dethloff "so, if Doctor Gooden is performing the procedures on patient John Doe, then the captured images are stored in a folder called "Gooden", with each file in the folder incorporating a standard syntax including patient's name, image number, hospital/practice name, time & date, and procedure information as described above" (col. 9, lines 23-28). This teaches the captured images of the treated patient are organized in the memory as the folder or directory. Therefore, it would have been obvious to one ordinary skill in the art at the time of the invention was made to modify the Rothschild and Drexler system to include the captured images data to store in the folder or directory in order to easily retrieve the file the in the organized database.

IV. The rejection of claim 25-29,31-34 and 53-54 under 35 U.S.C 103 (a) as being unpatentable over Sameshima, and Parvulescu is improper

Applicant will only argue the substantive merits of claims 1, 15 and 25.

Therefore, if claims 1, 15 and 25 are deemed patentable, then claims 26-29, 31-34 and 53-54 must also be deemed patentable.

A. Claim 53.

Claim 53 depends on claim 1. As described above with regard to the rejection of claim 1, neither Rothschild nor Sameshima teaches or suggests at least a status monitor that (1) monitor operations occurring at the data source and (2) triggers an archive request after the medical data is obtained by the data source, where the data source transmits the medical data to the centralized remote data store when the archive request is triggered by the status monitor, as recited in claim 1."

The examiner respectfully disagrees with the above argument. Please see claim 1 for the same explanation.

Applicant argues "there is no teaching or suggestion of any device or routine that either control data transfer or triggers the archiving of medical data transfer or triggers of the archiving of medical data when medical data is obtained. Therefore, Parvulescu does not teach or suggest elements of claim 1."

The examiner respectfully disagrees with the above argument. As previously explained, Sameshima discloses the application program to detect and monitor the

Art Unit: 2162

transfer of data (col. 5, lines 18-51). Therefore, the combination of references will allow the system to detect and transferring of data without use interference.

B. Claim 54.

Claim 54 is depended on claim 15, and therefore, rejected under the same reason.

Applicant argue "neither Rothschild nor Parvulescu considered alone or in combination, teaches or suggests elements of claims 15.

The examiner respectfully disagrees with the above argument. Claim 15 does not include the Parvulescu; however, Rothschild and Drexler in combination as explained disclosed subject mater in claim 15.

C. Claim 25

Applicant argue "none of Rothschild, Sameshima and Parvulescu, whether considered alone or in combinaiton, teaches suggests elements of claim 25. Claim 25 recites detecting the obtaining of medical data at a data source and transferring the medical data from the source to a centralized remote data store based on a trigger. The trigger of claim 25 is produced by a status monitor after the data is obtained."

The examiner respectfully disagrees with the above argument. Claim 15 recites the similar limitations as to claim 1 and further including limitation of indexing said medical data according to said data source. As previously explain, the combination of Rothschild and Sameshima suggested the claim 1. Further, Parvulescu also discloses "in accordance with a preferred embodiment, the stored images are indexes via a predictable syntax..." (col. 4, lines 51-60) and "preferably, the pictures will have been

Art Unit: 2162

backed up onto a system server or other persistent storage prior to freeing to the local storage" (col. 5, lines 2-4). The medical images are indexed in backup data storage as they are indexed local terminal. Therefore, these references in combination would allow the medical data records to be obtained, transferred and indexed in the central repository without the need of the user intervention.

Claims 25-29, 31-34 and 53-54 are dependent on claim 1, 15 and 25; therefore, these claims 25-29, 31-34 and 53-54 are rejected under the same reason.

IV. The rejection of claim 30 under 35 U.S.C 103(a) as being unpatentable over Rothschild, Sameshima, Parvulescu and Alisuag is improper.

Claim 30 is dependent on claim 25. For the sake of simplicity, the applicant will only argue the substantive merits of claim 25. Therefore, claim 25 is deemed patentable, then claim 30 must also be deemed patentable.

Applicant argues "none of Sameshima, Parvulescu and Rothschild, alone or in combination, teaches or suggests detecting when medical data is obtained at a medical data source and transferring the medical data from a data source to a centralized remote data store based on a trigger, where the trigger is produced by a status monitor after the data is obtained, as recited in claim 25."

The examiner disagrees with the above argument. The argument directed to claim 15, which the examiner has addressed. Please see explanation in claim 15.

Claim 30 is rejected under the same reason as to claim 15.

IV. The rejection of claim 30 under 35 U.S.C 103(a) as being unpatentable over Rothschild, Sameshima, Parvulescu and Dethloff is improper.

Claims 35-36 depend on claim 25. For the sake of simplicity, the applicant will only argue the substantive merits of claim 25. Therefore, if claim 25 is deemed patentable, then claim 35-36 must also be deemed patentable.

Applicant argues "Dethloff does not teaches or suggest the diction of when any data is obtained by a source and transferring data from a source to a remote store based on a trigger produced after data is obtained."

The examiner respectfully disagrees with the above argument. Dethloff was not used to reject claim 25 rather the combination as Rothschild, Sameshima and Parvulescu. Please explanation in claim 25.

Claims 35-36 are rejected under same reason as to claim 25 because claims 35-36 are depended on claim 25.

(11) Related Proceeding(s) Appendix

No decision rendered by a court or the Board is identified by the examiner in the Related Appeals and Interferences section of this examiner's answer.

Art Unit: 2162

For the above reasons, it is believed that the rejections should be sustained.

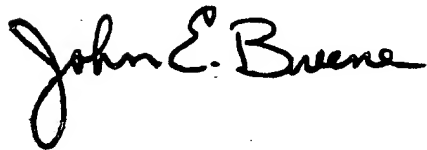
Respectfully submitted,

Examiner



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